

MEDICAID PROVIDER REFUND FORM INSTRUCTIONS

1. To ensure that you are using the most current version of the Medicaid Provider Refund Request form, access the form from the Division of Medical Assistance's website at <http://www.ncdhhs.gov/dma/formsprov.html> each time you use it.
2. If you want to make sure your individual claim refunds total to the amount of your check, enter the expected or actual check amount in cell L12. If you do not want to use that to check your entries, leave L12 blank and enter the calculated amount in that field to balance intended and calculated.
3. To help reduce questions from EDS when the check and form are received, enter the information into the form before printing it.
4. Enter information for each claim by detail line. As entries are made into the form, the total refund amount will be calculated.
5. The sum of the entries **must** equal the amount of the refund check submitted with this form.
6. Print a copy of the completed Electronic Refund Form and submit to have it approved and paid
7. Send form and refund check to address : EDS – Finance Department
PO Box 300011
Raleigh, NC 27622
8. We strongly recommend that you save copy as a filename you recognize (example "Check123" or "DrKildaire789")

Field	Description
ICN (Medicaid Claim ID Number)	Claim ID number assigned by Medicaid (15 digits)
Billing Medicaid Provider Name	Name of Provider who billed the claim
Billing Medicaid Provider Number	Medicaid Provider Number of Provider who billed the claim
Recipient Full Name	Name of Recipient who received service
Recipient MID	Medicaid ID number for Recipient (9 digits, 1 letter)
Date(s) of Service	Dates service was performed
Amount Billed	Detail billed amount
Amount Paid by Medicaid	Detail amount paid by Medicaid
Date Medicaid Paid	Date of payment by Medicaid
Amount of Refund	Amount that should be applied back to detail **Note: The total of this field column must match the amount of the refund check.
Reason for Refund	Reason the refund is being applied. Select appropriate drop-down value

If you have any questions regarding this form or the refund process, please call **1-800-688-6696** if you are outside Raleigh; if you are in Raleigh, please call **851-8888**.